

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 1

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

4-1-04

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(r)(2) and 1902(f) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ -0-

b. FFY 2005 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

Supplement 7 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same page, Revised 11-01-03, TN# 03-18

Same page, Revised 01-01-03, TN# 03-02

10. SUBJECT OF AMENDMENT:

Maintenance of effort with regard to Supplemental Payment to SSI recipients

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

6-16-04

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

22 JUNE 2004

18. DATE APPROVED:

10 AUGUST 2004

19. EFFECTIVE DATE OF APPROVED MATERIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID &amp; CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty

Jim Hancock

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

## STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category  (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
			1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Aged		X	Does not exceed 300% of SSI FBR		\$614.00	\$946.00	SSI
Blind		X	Does Not exceed 300% of SSI FBR		\$614.00	\$946.00	SSI
Disabled		X	Does not exceed 300% of SSI FBR		\$614.00	\$946.00	SSI

SUPERSEDES TN# 03-18

STATE <u>OKlahoma</u>	A
DATE RECD <u>6-22-04</u>	
DATE APPROV <u>8-10-04</u>	
DATE EFF <u>4-1-04</u>	
HCFA 179 <u>04-01</u>	

Revised 04-01-04

 TN# 04-01  
 Supersedes  
 TN# 03-18
Approval Date 8-10-04Effective Date 4-1-04

Supplement 7 to Attachment 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY  
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

Payment Category  Reasonable Classification	Income Level		Income Disregards Employed
	1 Person	Couple	
Aged	\$564.00	\$846.00	SSI
Blind	\$564.00	\$846.00	SSI
Disabled	\$564.00	\$846.00	SSI

SUPersedes TN# 03-02

STATE <u>Oklahoma</u>	A
DATE REC'D <u>6-22-04</u>	
DATE APP'D <u>8-10-04</u>	
DATE EFF <u>4-1-04</u>	
HCFA 179 <u>04-01</u>	

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TN# 04-01 Approval Date 8-10-04 Effective Date 4-1-04  
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